

DIFFICULT SCENARIOS

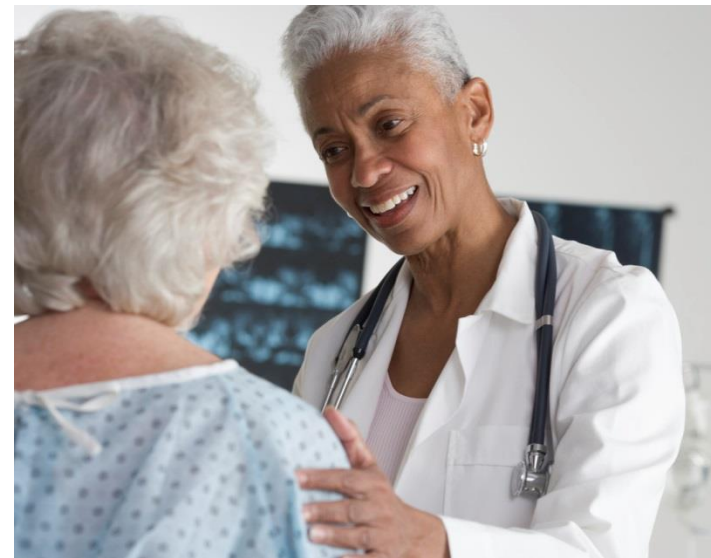
Palmer MacKie, MD

We are what we think. All that we are arises with our thoughts. With our thoughts, we make the world



Meet Dr. Rice

- 64 year old Family Doc
- Active Community leader
- Mother of 3 with 4 grandchildren
- “Pain” person in her 4 person practice
- High patient satisfaction scores
- Feels MLB Rules are “intrusive”
- Listens and trusts her intuition
 - ▣ Relationship based care
 - ▣ MLB Rules challenge this



67 widow from Wisconsin

- Lives alone but family is close
- 2 children and 5 grandchildren
- Retired and widowed both 1 year ago
- Chronic knee and back pain
- DM, HTN & Sleep issues
- COT for years
 - ▣ Darvocet to Vicodin etc
 - ▣ “*need it and more*”
- Robert & Winnie Witherspoon
 - ▣ 2011, on Dr. Rice’s wall



Implementation: Which to say?

- A. Sorry about this but the State is making me do this new stuff.
- B. These Rules come from Pill Mill legislation but are designed to improve safety and to help improve your functioning.
- C. Because of all the Pill Mills I need to make you jump through hoops.
- D. These Rules are to prevent addiction and ODs, we have to do them. Sorry, not something you need.

Opiography: Location Matters

- West Virginia ranks 1st age-adjusted drug poisoning death rates **28.9**/100,000.
 - ▣ SAMHSA reports rate of nonmedical use of prescription pain relievers is 4.79% for persons 12 and older
 - ▣ 2.32% needing but not receiving treatment for drug use
- Indiana ranks 16th age-adjusted drug poisoning death rates- **14.4**/100,000.
 - ▣ Nonmedical use of prescription pain relievers is among the highest in the nation, at 5.68% .
 - ▣ 2.21% were identified as needing but not receiving treatment for drug use.

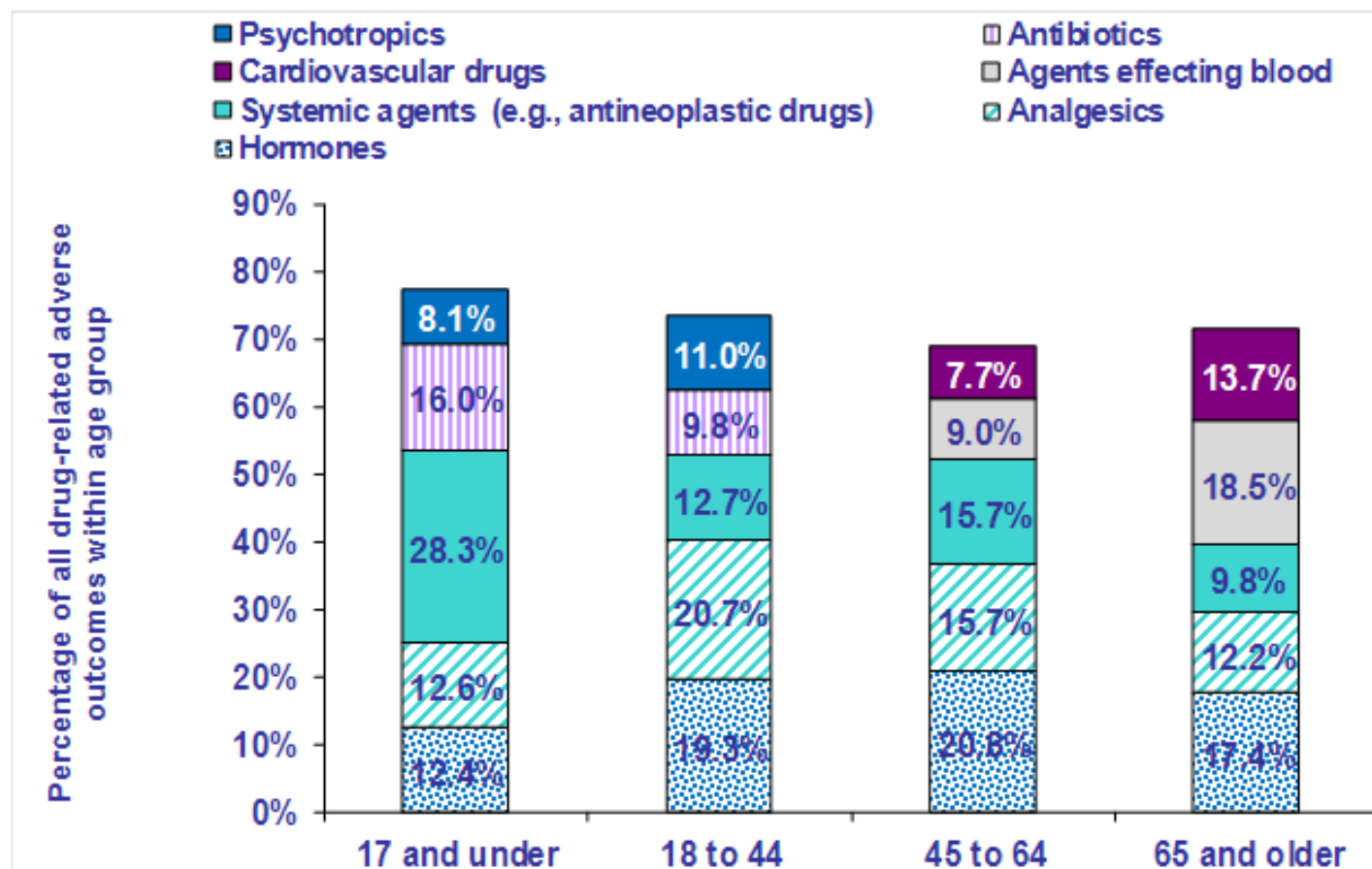
Catching up with Winnie & Rules

- Sleep not good on prn zolpidem 10 mg
- missed a soccer game Saturday at 9 AM
- Not getting out as much, *“don’t feel like it”*
- A1c 6.8 to 7.2, compliant with Rx
- Did not make annual trip to Colorado
- MSER X mg and Pct 5/325 Y/day = High Dose
- *“Give you urine. For What?”*

What is High Dose Opioid?

- A. > 60 MED
- B. >20-30 MED
- C. > 120 MED
- D. > 100 MED
- E. > 200 MED

Figure 4. Top five causes of drug-related adverse outcomes, by age group, among inpatient hospital stays, U.S., 2008



Note: More than one event can be recorded during a hospital stay. These percentages are based on the total events noted during hospital stays for each age group.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2008

What is High Dose Opioid?

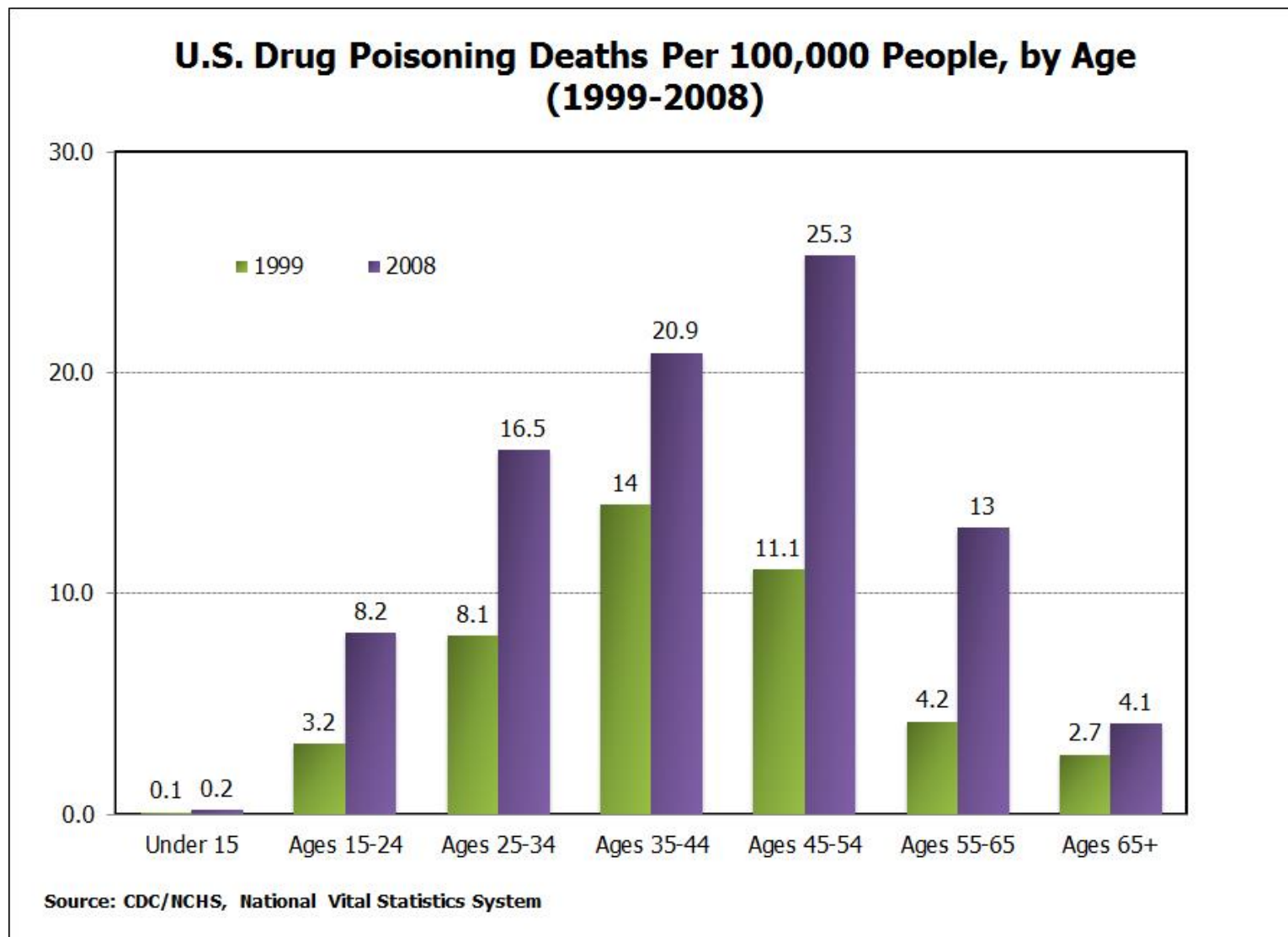
- A. > 60 MED
 - B. >20-30 MED
 - C. > 120 MED
 - D. > 100 MED
 - E. > 200 MED
- MSER 30mg t.i.d
 - Pct 5/325 mg
 - ▣ 1-3/day, # 90/ 30day

Wishard ED Visits, opioids and RIP

- 46,000 patients
 - > 70 MED RR= 3.36
 - 2 or more narcotics RR= 3.33
 - 8 or more ED visits RR= 2.95

- > 70 MED associated with
 - More ED visits
 - 2 or more narcotics
 - 11.3 % mortality rate

Risk Across the Ages



Drug Monitoring: urine & blood

- “as part of these new rules we must check your urine Winnie. I know we don’t need to but please just take this cup and leave a sample on your way out.”
- Winnie’s urine?
 - ▣ You’re in luck, all was fine?
 - ▣ Betraying bladders Pathman !
 - ▣ Urine Trouble or You’re in trouble
 - ▣ The bladder leaks the truth?

Urine screen with confirmation trigger

- > 4000 ng/ml
- 200 ng/ml
- 0 ng/ml
- ++ cannabinoids

"Trust me, I'm an AARP member"

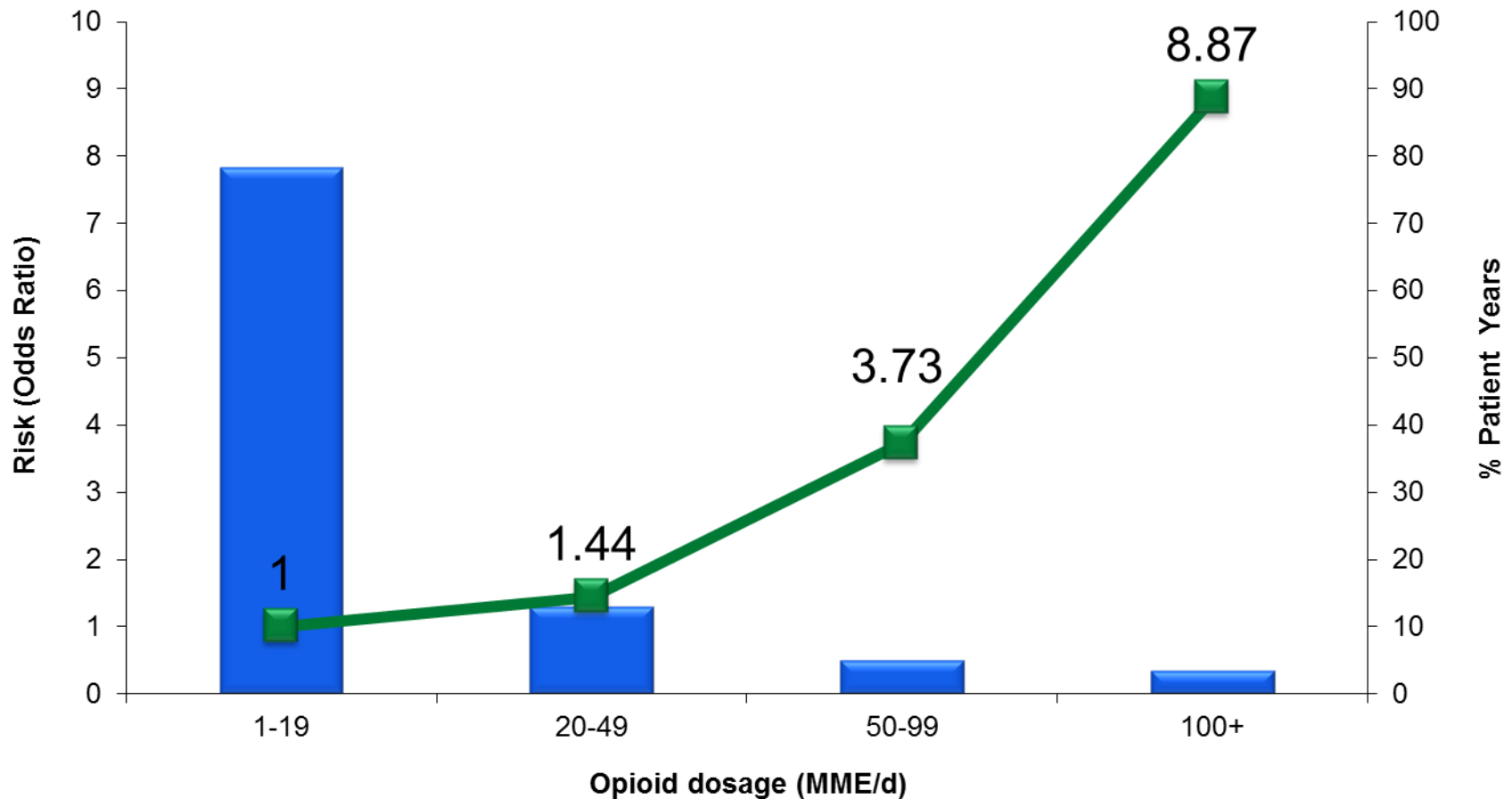
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- Ameritox Data in those > 50 yr old
- > 725,000 UDMs
- 31% prescribed opioid not detected
- 28 % other non-prescribed Rx
 - ▣ 42% opioid, 34% benzo
 - ▣ 4% Barb. & 3% amphet.
- 7.6 % illicit or metabolite of illicit
 - ▣ 70 % THC , 22% cocaine
 - ▣ 4% methamph. 1.7 % heroin

Urine screen with confirmation trigger

- > 4000 ng/ml
- 200 ng/ml
- 0 ng/ml
- ++ cannabinoids
- Morphine
- Hydromorphone
- Oxycodone
- Weed
- Now
- What ?

Overdose risk highest among small percentage of patients at high dosage, Group Health, 1997-2005





INDIANA UNIVERSITY



Safety and Best Practice

*Those who can make
you believe absurdities
can make you commit
atrocities.*

Voltaire

State of her Condition

- Provider lacks buy-in / knowledge
- Elderly obese female & A1c in the ascent
- Insomnia- on contraindicated Rx
- Inactive/fatigue- with social isolation
- Worse pain on high dose opioids
- 1-2 aberrancies on the first appropriate urine
- The horse is out of the barn

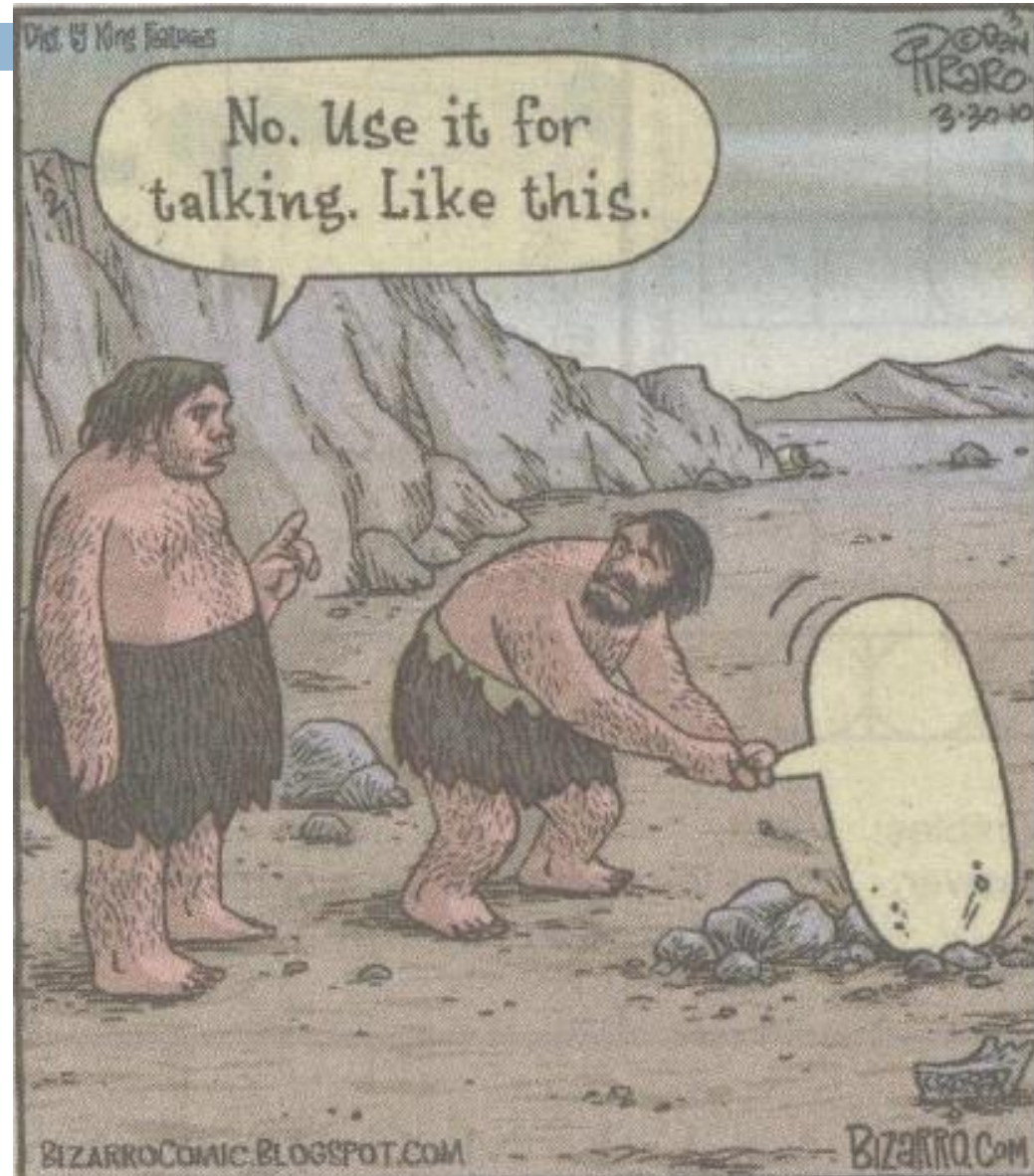
Reigning in the Risk



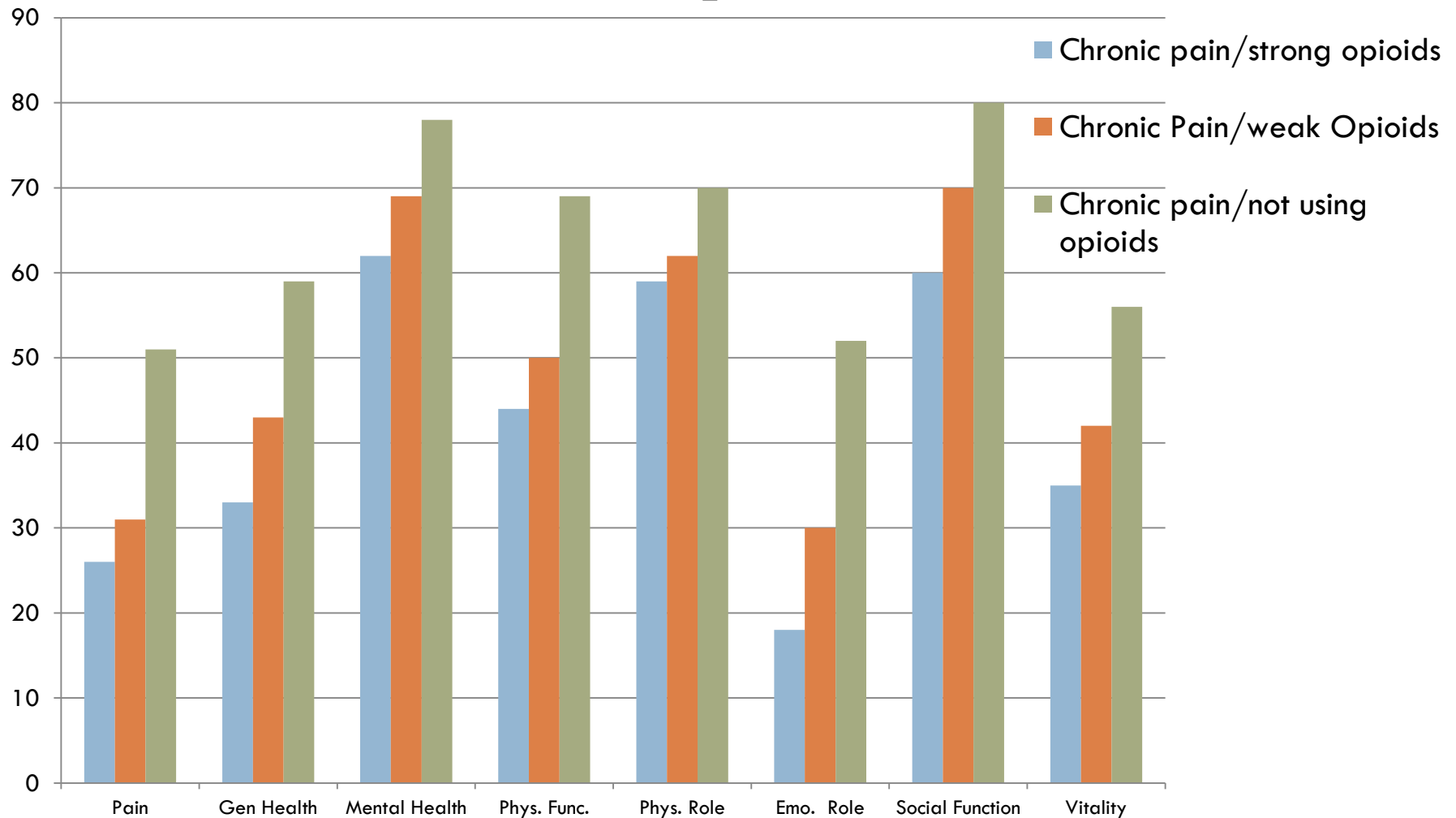
Options

1. Finger wag then *Status Quo*
2. Cessation of opioids
3. Weaning of opioids over 4 weeks
4. Repeat UDM or blood assay
5. Offer Addiction referral or Risk Stratification
6. Full explanation of safety protocols
7. Education regarding COT risks:benefits
8. Diagnose & Treat the mental health issues
9. Refer to Pain Management Provider
10. Re-do of treatment Plan

Powerful tool

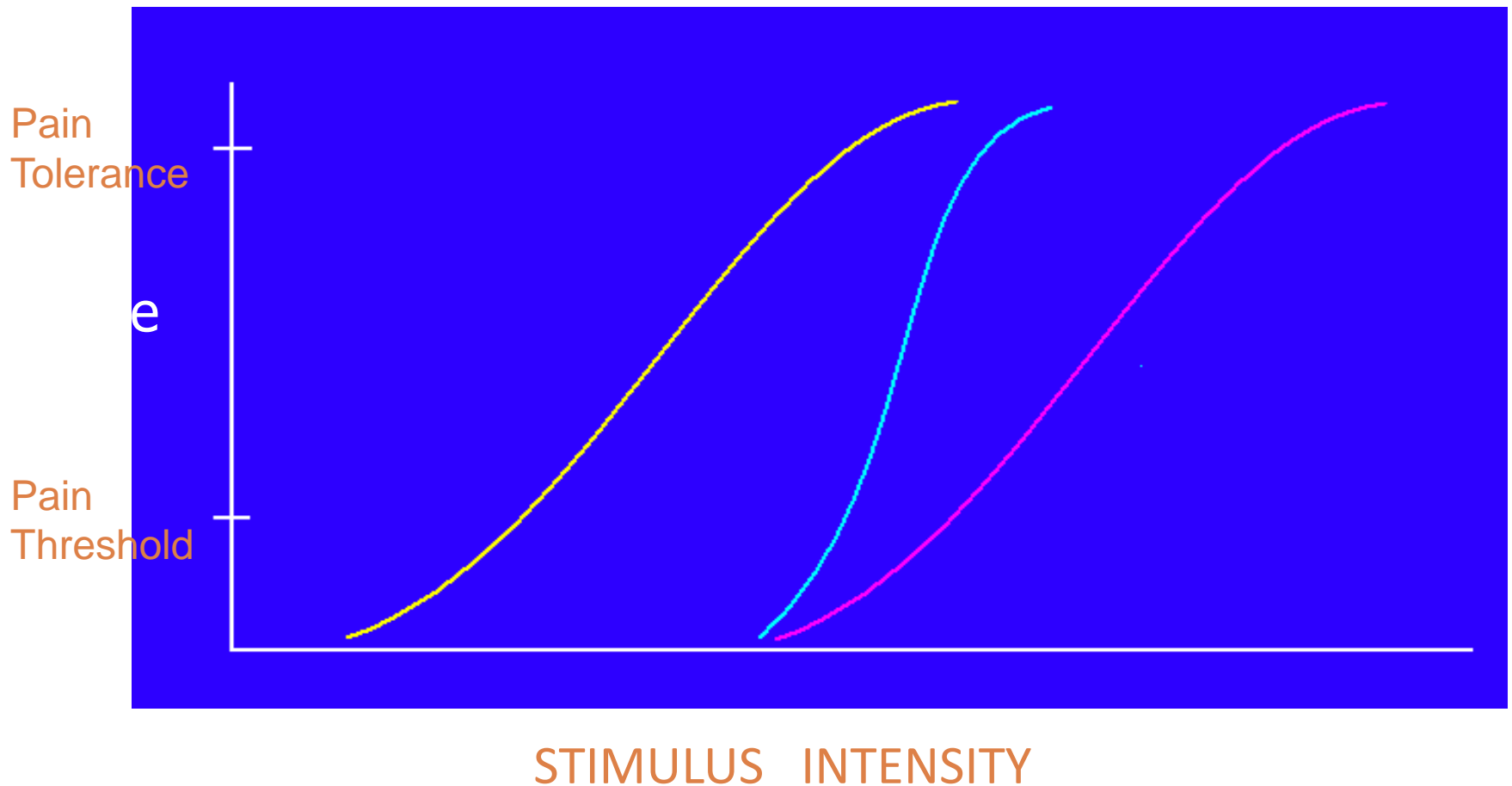


Patient judged Quality of Life and Pain: Based on Opioid Use



RESPONSE BY STIMULUS INTENSITY

Controls Hyperalgesia: methadone Hyperalgesia/



Consultation Specialist: The Report

- Thank you for Blah Blah Blah
- 67 with DDD no recent MRI, moderate high dose of opioids with diminishing pain control and activity. She has no Red Flag signs or symptoms. Reports being compliant with COT, INSPECT c/w this.
- Could
 - ▣ Check MRI and consider axial interventions
 - ▣ Check MRI assess disease progression
 - ▣ Rotate COT
 - ▣ Increase MSER and or Pct
 - ▣ Refer to PM & R
 - ▣ Consider depression as exacerbating factor

We all need to be better

Referring Provider

- Give adequate history
- Aberrancies/UDM
- Give a question unless you are handing over care.
- Should we continue opioids?


Specialist

- Address the question and or assume care
- Give clear advice and instructions
- Don't recommend needless imaging
- Help guide the care and educate the provider

Winning Winnie

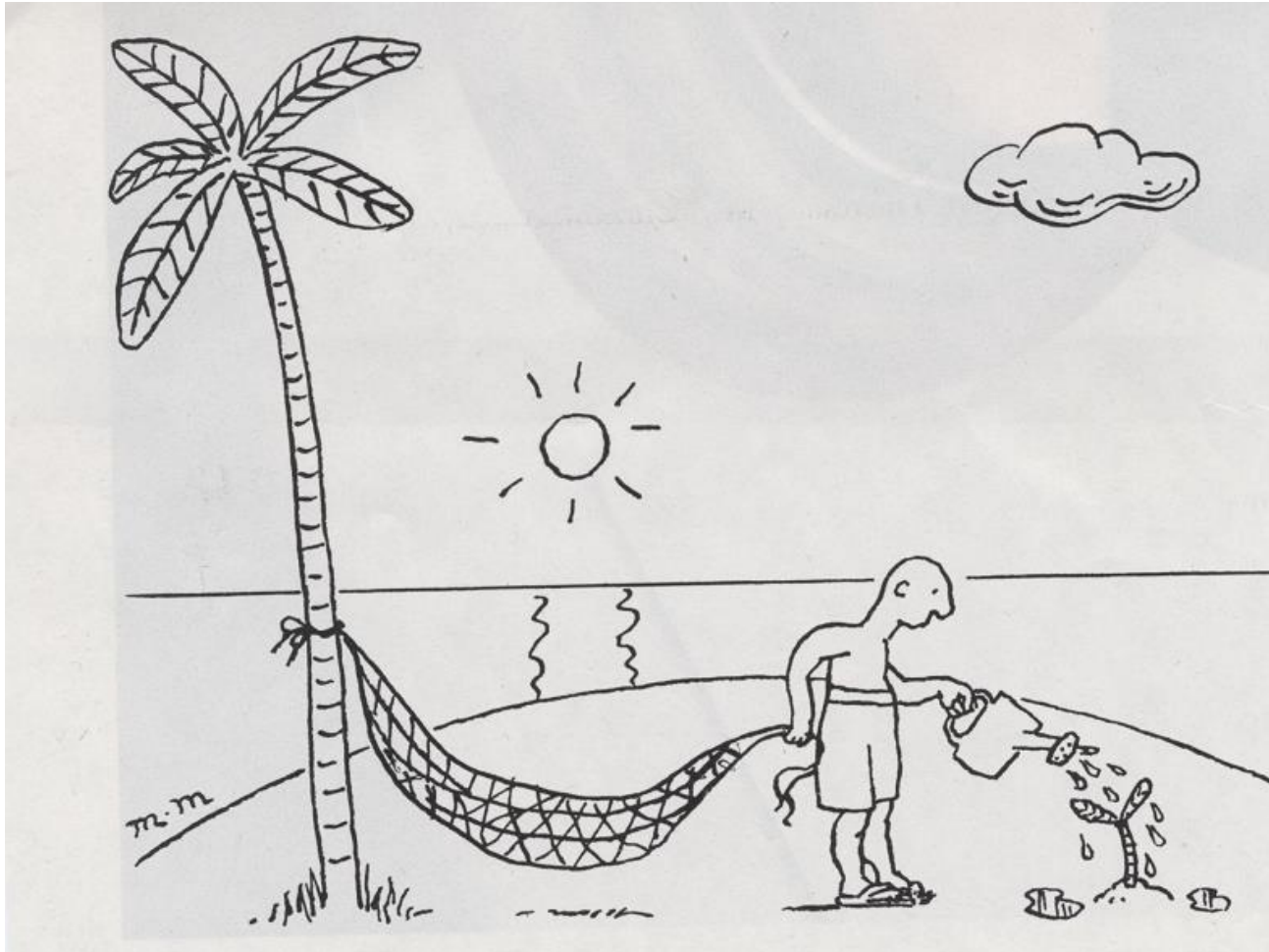
- PHQ-4 was positive for anxiety and depression
- Greif counseling and low dose SSRI
- Addressed THC, stopped eating candy from Colorado
- Addressed realistic exercise goals as they relate to her desired function/roles (mother, grandmother...)
- Blood levels of morphine consistent, no THC
- Rotated to another opioid at 65-70% equiv. dose
- Winnie did not miss another soccer game

“Our prime purpose in this life is to help others.
And if you can't help them, at least don't hurt them ”



- Patient Safety is driving force
- Improved Evaluation and Education
- Reduced Addiction and Abuse
- Less Morbidity and Mortality
- Greater functioning and Quality of Life
- A bit more work for all of us

The End...Beginning



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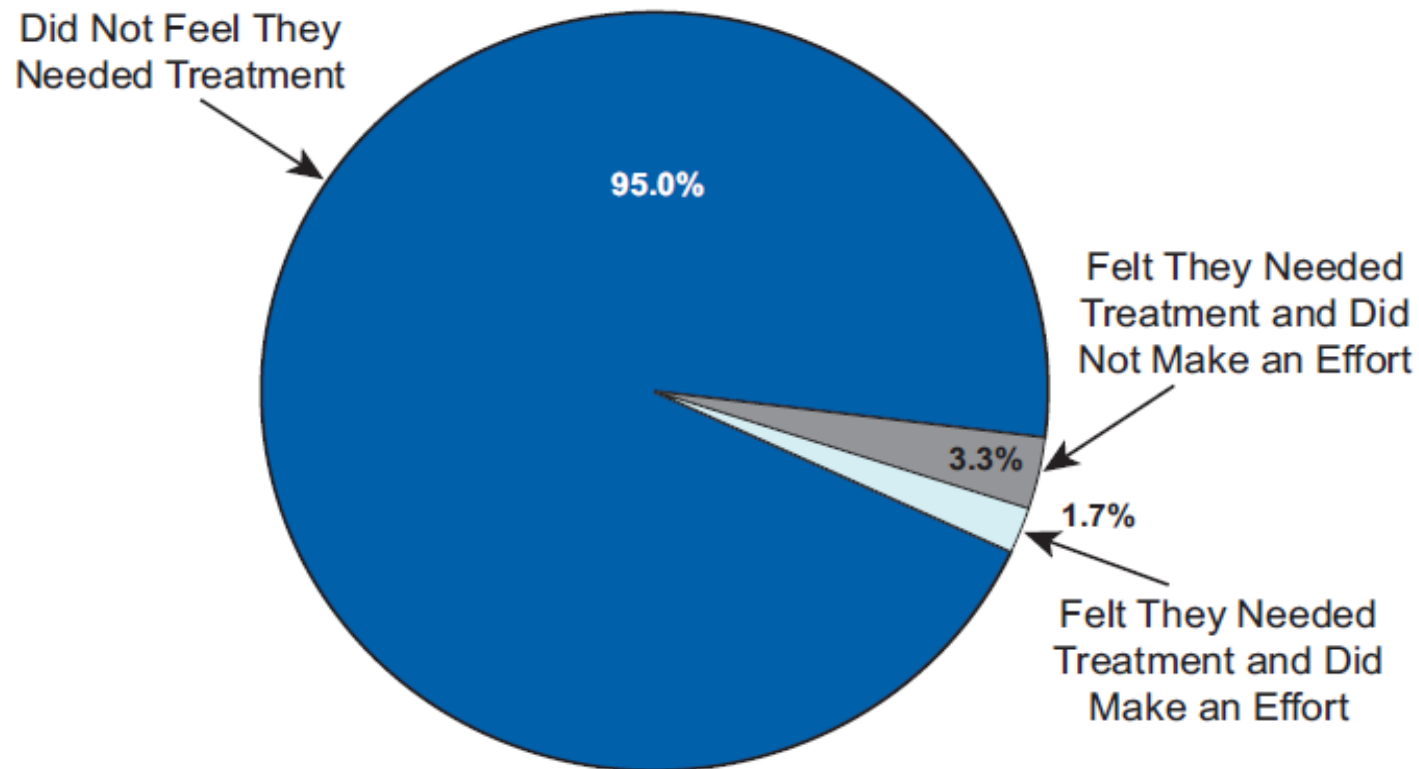
ONDCP's Rx Drug Abuse Prevention Plan

1. Education- critical first step focusing on parents, youth, adult patients and prescribers who should receive additional education on safe practices
2. Monitoring- implement PDMPs in each state and facilitate the sharing of data. Increase use among providers
3. Proper Rx Disposal- convenient and environmentally friendly disposal sites/methods
4. Enforcement- enhance resources/tools for stopping Pill Mills and improper prescribing practices

Steps the federal government is taking

- Tracking drug overdose trends to better understand the epidemic.
- Encouraging development of abuse-deterrent opioid formulations and products that treat abuse and overdose.
- Educating providers & public about *Rx* drug abuse and overdose.
- Requirement manufacturers of extended-release and long-acting opioids make available REMS to prescribers
 - ▣ Risk Evaluation Mitigation Strategy
- Developing, evaluating and promoting programs and policies shown to prevent abuse and overdose, while making sure patients have access to safe, effective pain treatment.
- Supporting states' efforts by providing the science and resources to help states address the key drivers of the epidemic: high-risk prescribing and high-risk prescription drug use.

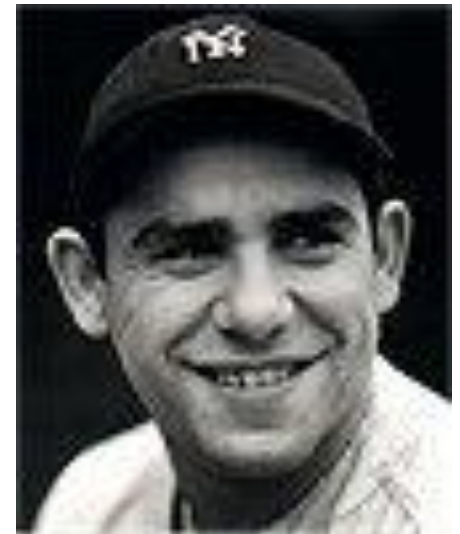
Figure 7.10 Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2010



20.5 Million Needing But Not Receiving
Treatment for Illicit Drug or Alcohol Use

This is like deja vu all over again

- ❑ Hydrocodone “ER”
- ❑ No abuse deterrent
- ❑ Safety Panel voted against
- ❑ Senator Manchin, W.V
- ❑ Bill to Withdraw Zohydro ER
- ❑ Prohibit FDA from approving



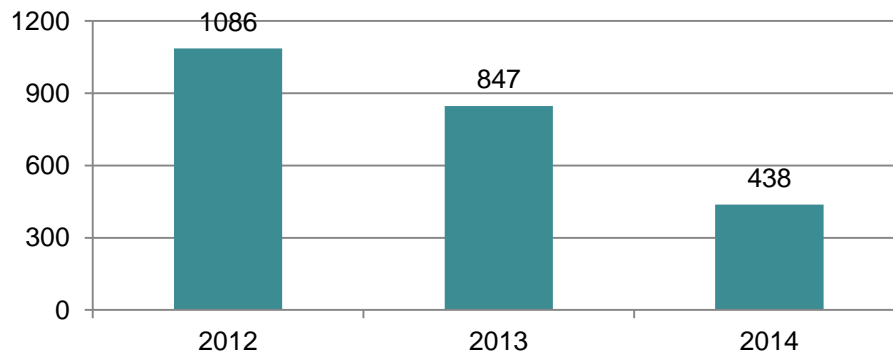
Is the tide in Ebb or Flow

- Heroin Flow: Indiana and National
 - ▣ Indiana 2008-2009, earlier nationally?
- USA Rx Opioid modest Ebb- 2 million
 - ▣ 243,000,000 vs. 241,000,000 (2011-2012)
- Indiana Rx deaths Flow in 2011, > 700 people
- Education and Awareness in FLOW
- A Call to Action: Eskenazi Efforts/ Tide Change

Eskenazi's Westside Health Center

Hydrocodone/APAP 5/325mg

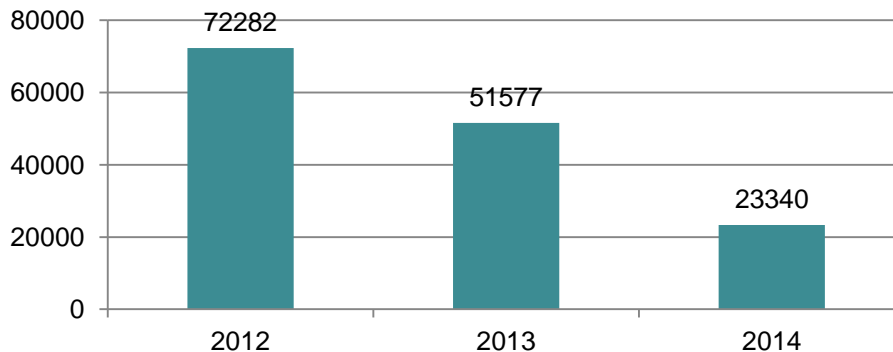
Rx Count



Rx Count DOWN by **59.7%**
From 2012 to 2014



Tablet Count



Tablet Count DOWN by **67.7%**
From 2012 to 2014



Eskenazi Pain Management Complaints



□ 2012	41
□ 2013	68
□ 2014	14, 1 st Quarter

Questions???

□ www.bitterpill.in.gov

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